

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	8/25/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	8	8-29-00
FORMALITY REVIEW	<i>[Signature]</i>	811	10/02/00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	JESSI	03-22-01

### INDEX OF CLAIMS

☐ Rejected  
☐ Allowed  
☐ Canceled  
☐ Restricted  
☐ Non-elected  
☐ Interference  
☐ Appeal  
☐ Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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